

CLIENT QUESTIONNAIRE

LAST WILL & TESTAMENT

(A) Full Name of Testator: _____

(B) Permanent Address: _____

(C) Occupation: _____

(D) Spouse: _____

(E) Desired Executor(s):

(1) _____ (2) _____

Address: _____

(F) Full name, address, age and occupation of all the beneficiaries of the Testator's estate (Spouse, Siblings, Children, others) to be included:

(1) Name: _____	(2) Name: _____
Address: _____	Address: _____
_____	_____
Age: _____	Age: _____
Occupation: _____	Occupation: _____
Sex: _____	Sex: _____
Relationship: _____	Relationship: _____

(3) Name: _____	(4) Name: _____
Address: _____	Address: _____
_____	_____
Age: _____	Age: _____
Occupation: _____	Occupation: _____
Sex: _____	Sex: _____
Relationship: _____	Relationship: _____

(G) Desired Trustee(s) if Beneficiary is a Minor: _____
Address: _____

(H) Size, location and value of each parcel of land which form a part of the Testator's estate and supply diagram or Certificate of Title:

(1) Size: _____	(2) Size: _____
Location: _____	Location: _____
Value: _____	Value: _____
Vol. & Folio #: _____	Vol. & Folio #: _____

(3) Size: _____	(4) Size: _____
Location: _____	Location: _____
Value: _____	Value: _____
Vol. & Folio #: _____	Vol. & Folio #: _____

TO (BENEFICIARY/S): _____

(I) Other assets of the Testator – Bank Account(s); Motor Car(s); Insurance Policy; Stocks/Shares; etc:

Bank Account(s)

(1) Bank: _____	(2) Bank: _____
Account #: _____	Account #: _____
Currency: _____	Currency: _____

(3) Bank: _____	(4) Bank: _____
Account #: _____	Account #: _____
Currency: _____	Currency: _____

TO (BENEFICIARY/S): _____

Motor Car(s)

(1) Vehicle: _____ (2) Vehicle: _____
Year: _____ Year: _____
Chassis #: _____ Chassis #: _____

(3) Vehicle: _____ (4) Vehicle: _____
Year: _____ Year: _____
Chassis #: _____ Chassis #: _____

TO (BENEFICIARY/S): _____

Insurance Policy

(1) Company: _____ (2) Company: _____
Type: _____ Type: _____
Value: _____ Value: _____

(3) Company: _____ (4) Company: _____
Type: _____ Type: _____
Value: _____ Value: _____

TO (BENEFICIARY/S): _____

(K) Documents Submitted:
(Tick the appropriate box)

	<i>Original</i>	<i>Copy</i>
Diagram (x _____)		
Certificate of Title (x _____)		
Common Law Title for Land (x _____)		
Bank Acc. Details (x _____)		
Motor Car Title (x _____)		
Insurance Policy (x _____)		
Share Certificate (x _____)		